

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/

2019 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

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HONOLULU ETHICS COMMISSION RECEIVED

81.14.19

19 JAN -9 P2:25

DATE

DADTILLODDVICT		
PART I LOBBYIST		
NAME (Last) (First) (Middle)		
Masatsugu, Jeffrey		
LOBBYIST FIRM/EMPLOYER (if applicable) JM Consulting LLC		TELEPHONE (808) 554-3406
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
F.O. Box 22554		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOB	•	TELEPHONE
Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fund		d (808) 523-9411
MAILING ADDRESS (No. and Street or c/o Group Plan Administrators	r P.O. Box)	FAX
222 S. Vineyard St., PH#4		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS		▼ Not Applicable
METHODS USED BY MEMBERS TO M	MAKE POLICY DECISIONS	Not Applicable Not
PART II.B NO LONGER LOI	BBYING	

Rev. 11/2018

NOTE: This is a public document.

I am no longer authorized to lobby on behalf of the organization in Part II.A

	F SUBJECTS ON	WHICH	YOU EXPECT TO LOBBY	
☑Business & Economic Development	□Community Services		□Customer Services	
□Culture & Arts	⊠Housing		☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Health, Safety &	& Welfare	□Tourism	
	⊠ Zoning & Planning		□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year)	
☐Other (indicate below):				
PART IV LOBBYIST CERT	TEICATION			
		T		
LØBBYIST SIGNATURE 1/8/19 1/9/19 DATE	This sept. SBYIST SIGNATURE 19 1/9/19 TE		Subscribed and sworn to before me This	
PART V AUTHORIZATION TO LOBBY				
NAME Ryden Valmoja	AME TITLE OF AUTHOR		IZING OFFICER OR PERSON	
NAME OF ORGANIZATION (if applicable) Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fund			EPHONE (808) 523-9411	
c/o Group Plan Administrators		FAX EMA	FAX EMAIL	
(City) Honolulu	(State) HI (Zip		Code) 96813	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. I g g				
(Signature of Authorizing Officer or Pe	rson Represented)		(Date)	

Doc. Date: 1-9-14	Pages: 2
Name: Debra R. Wilson	_ First Circuit
Doc. Description: 9014	Kegistration-
lobbyist	V
Like & Wilm	1-4-19
Signature	Date
1 OTARY CERTIF	ICATION

RAR. WILLIAM SO. 705 **



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PART I LOBBYIST			
NAME (Last) (First) (Middle)			
Masatsugu, Jeffrey			
LOBBYIST FIRM/EMPLOYER (if applicable) JM Consulting LLC		TELEPHONE (808) 554-3406	
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX	
		EMAIL jmas808@gmail.com	
(City) Honolulu	(State) HI	(Zip Code) 96823	
PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOB	BY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Tapers Market Recovery Trust Fund		(808) 523-9411	
MAILING ADDRESS (No. and Street or	P.O. Box)	FAX	
c/o Group Plan Administrators 222 S. Vineyard St., PH#4		EMAIL	
(City) Honolulu	(State)	(Zip Code) 96813	
ESTIMATED NUMBER OF MEMBERS	(if lobbying on behalf of members)		
METHODS USED BY MEMBERS TO M	MAKE POLICY DECISIONS		
	WILL OF PEOPPON	Not Applicable	
PART II.B NO LONGER LOI	BBYING		
I am no longer authorized to lobby	on behalf of the organization	in Part II A DATE	

PART III DESCRIPTION	OF SUBJECTS OF	WHICH	YOU EXPECT	TO LOBBY
☑Business & Economic Development	□Community Services		☐Customer Services	
□Culture & Arts	⊠ Housing		☑Public Works, Infra Sustainability	structure &
□Parks & Recreation	□Public Health, Safety	& Welfare	□Tourism	
I Transportation	⊠ Zoning & Planning		□Specific Legislation □Additional Sheet Bill No. Reso No. Admin. Rule No. Dept.	(s) Attached (Year)
☐ Other (indicate below):				
DADT IV LODDVIOT OF	TIEIGATION			
PART IV LOBBYIST CER	RIFICATION			
I hereby certify that the foregoing statements are true and correct.		4	Subscribed and sworn to before me This 9 day of January 3019	
LØBBYIST SIGNATURE		By:	By: Duke R When MARA R. W.	
-1/8/19 //9 //9 DATE		My comr	This 9 day of JANUARY DEBRAR. WILSON My commission expires: 04-75-7070 Notary Certificate on Back	
		Notar	y Certificate on Back	THE OF HAM
PART V AUTHORIZATIO	N TO LOBBY	11000.	,	TOTALINE VOSCO
NAME Ryden Valmoja	TITLE	F AUTHOR SENTED Tr	IZING OFFICER OR Fustee	PERSON
NAME OF ORGANIZATION (if applicable) Hawaii Tapers Market Recovery Trust Fund		TEL	TELEPHONE (808) 523-9411	
MAILING ADDRESS (No. and Street or P.O Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4			FAX	
(City) Honolulu	HI		Code) 96813	
I hereby authorize the above-name Ryll-Valya	·/	bying activiti	ies on behalf of the junc	dersigned.
(Signature of Authorizing Officer or	Person Represented)		(Da	ate)

To 14 6- NU 61.

Name: Debra R. Wilson First Circuit

Doc. Description: 2019 Registration—

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PART I LOBBYIST				
NAME (Last) (First) (Middle)				
Masatsugu, Jeffrey				
LOBBYIST FIRM/EMPLOYER (if applicable) JM Consulting LLC		TELEPHONE (808) 554-3406		
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX		
		EMAIL jmas808@gmail.com		
(City) Honolulu	(State) HI	(Zip Code) 96823		
PART II.A ORGANIZATION				
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE		
Hawaii Glaziers, Architectural Metal Glasswo	orkers Local Union 1889 AFL-CIO	(808) 523-9411		
MAILING ADDRESS (No. and Street or	P.O. Box)	FAX		
c/o Group Plan Administrators 222 S. Vineyard St., PH#4		EMAIL		
(City) Honolulu	(State)	(Zip Code) 96813		
ESTIMATED NUMBER OF MEMBERS	➤ Not Applicable			
METHODS USED BY MEMBERS TO M	IAKE POLICY DECISIONS	➤ Not Applicable		
PART II.B NO LONGER LOE	BBYING			
☐ I am no longer authorized to lobby	☐ I am no longer authorized to lobby on behalf of the organization in Part II.A DATE			

[= . =				
	N OF SUBJEC	TS ON	WHICH	YOU EXPECT TO LOBBY
■Business & Economic Development	□Community S	□Community Services		□Customer Services
□Culture & Arts	☑Housing			☑Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Health	, Safety &	Welfare	□Tourism
		⊠ Zoning & Planning		☐Specific Legislation: ☐Additional Sheet(s) Attached
▼ Transportation	⊠ Zoning & Plar			Bill No(Year) Reso No Admin. Rule No Dept
□Other (indicate below):				
PART IV LOBBYIST C	ERTIFICATION			
I hereby certify that the foregoing statements are true and correct.			Subscribed and sworn to before me	
Jan Att		This 9 day of January, 3019. By: (14 & 11)		
LÓBBYIST SIGNATURE		and with some of		
- <u>1/8/19</u> - //9//9 DATE	W1-7		04-25	RAR. WILSON 80-705 * 80-705 V Certificate on Back
		~~		
PART V AUTHORIZAT	T- T-		ALITUOD	
Ryden Valmoja	AME TITLE OF AUTHORITIES OF AUTHORIT			IZING OFFICER OR PERSON istee
NAME OF ORGANIZATION (if applicable) Hawaii Glaziers, Architectural Metal Glassworkers Local Union 1889 AFL-CIO Stabilization Trust Fund		TEL	TELEPHONE (808) 523-9411	
c/o Group Plan Administrators		FAX	FAX	
			EMAIL	
(City) Honolulu	(State)	(State) HI (Zip		Code) 96813
I hereby authorize the above-na		je in lobby	ing activiti	es on behalf of the undersigned.
(Signature of Authorizing Office	r or Person Represent	ted)		(Date)

NOTE: This is a public document.

Doc. Date: 1-9-19 rages: 2

Name: Debra R. Wascal First Circuit

Doc. Description: Do19 Registably
Lobbyist

July R NJ 1-9-19

Signature Date

Date

Doc. Date: 1-9-19

Date

Date

Doc. Description: Do19 Registably
Lobbyist

Date

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NAME (Last) (First) (Middle)				
Masatsugu, Jeffrey				
LOBBYIST FIRM/EMPLOYER (if applicable) JM Consulting LLC		TELEPHONE (808) 554-3406		
JIV Consulting LEC		(000) 00 1 0 700		
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX		
		EMAIL jmas808@gmail.	com	
(City) Honolulu	(State) HI	(Zip Code) 96823		
PART II.A ORGANIZATION	- M			
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE		
Painting Industry of Hawaii Labor Manageme	ent Cooperation Trust Fund	(808) 523-9411		
MAILING ADDRESS (No. and Street or c/o Group Plan Administrators	P.O. Box)	FAX		
222 S. Vineyard St., PH#4		EMAIL	, , , , , , , , , , , , , , , , , , , ,	
(City) Honolulu	(State) HI	(Zip Code) 96813		
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)				
			✗ Not Applicable	
METHODS USED BY MEMBERS TO M	IAKE POLICY DECISIONS			
			X Not Applicable	
PART II.B NO LONGER LO	BBYING			
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	OF SUBJECTS ON	I WHICH	YOU EXPECT TO LOBBY	
☑Business & Economic Development Output Development Developme	□Community Services		☐Customer Services	
□Culture & Arts	⊠Housing		☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Health, Safety	& Welfare	□Tourism	
I Transportation	⊠ Zoning & Planning		□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept	
☐ Other (indicate below):				
PART IV LOBBYIST CER	TIFICATION	:		
I hereby certify that the foregoing statements are true and		l .	Subscribed and sworn to before me This day of	
LOBBYIST SIGNATURE		By:	By: NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OR THE	
1/8/19)/9/19 My DATE		My comm	DEBRA R. WILSON My commission expires: 04.25-2020 OF HAMP	
		Nota	ry Certificate on Back	
PART V AUTHORIZATION				
NAME Ryden Valmoja	VAME Viden Valmoja TITLE OF AUTHOR REPRESENTED TO		IZING OFFICER OR PERSON ustee	
NAME OF ORGANIZATION (if applicable) Painting Industry of Hawaii Labor Management Cooperation Trust Fund			TELEPHONE (808) 523-9411	
c/o Group Plan Administrators			FAX	
(City) Honolulu	(State) HI		Code) 96813	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. 1/9/19				
(Signature of Authorizing Officer or P	erson Represented)		(Date)	

Name: Debra R. Wilson First Circuit Doc. Description:
Whby 1st Auth.

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